SERTOMA FOOTBALL

PLAYER REGISTRATION FORM

ı					
Player Name					
Address					Birthdate
City/State/Zip					Weight
Home Phone	()				Grade
Email					School Attending
Shirt Size:	Child: s (7-8) (1	m l 10-12) (14-16)	or Adult: S	m l	xl
Parents Name					
Phone	()				
Email					
Occupation					
Emergency Co	ntact			Phone	
Relationship to	Player				
Insurance Car	rier			Policy #	#
and all Sertoma acti 2.I/We know that pa hereby waive, releas participants, and per result of negligence 3.I/We agree that ou	vities, including tran articipation in footbase, absolve, indemni- rsons transporting m or for any other cau ar child may be requ	asportation to and fi all may result in seri fy, and agree to hol y/our child to and f ase. ired to try out for a	rom the activities. Tous injuries and protect d harmless that local Ser from activities from any	ive equipment do rtoma league, the claim arising out	by give my/our approval to participate in any give my/our approval to players, and do e organizers, sponsors, supervisors, tof any injury to my/our child whether the